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Bib Data Sheet

CONFIRMATION NO. 7299

<b>SERIAL NUMBER</b> 09/880,615	<b>FILING DATE</b> 06/13/2001 <b>RULE</b>	<b>CLASS</b> 029	<b>GROUP ART UNIT</b> 3726	<b>ATTORNEY DOCKET NO.</b> S63.2-9949
<b>APPLICANTS</b> Michael W. Johnson, Rogers, MN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/420,094 10/18/1999 PAT 6,253,443 WHICH IS A CON OF 08/940,696 09/30/1997 PAT 5,972,027				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 07/10/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 19
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 490				
<b>TITLE</b> Stent drug delivery system				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	